PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

pplication or Docket Number

09334106

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			8				ſ	RATE	FEE	[RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	I	BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•		Ì	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			€ min	us 3 =	* 3		İ	X40=		ÖR	X80=	240
MU	LTIPLE DEPENI	DENT CLAIM P	RESENT					+135=	-	OR	+270=	
* If the difference in column 1 is less than zero, e					r "0" in c	olumn 2	l	TOTAL		OR'	TOTAL	950
CLAIMS AS AMENDED - PART II								,			OTHER	
	and the second s	(Column 1)		(Colu		(Column 3)		SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMI	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
AME	Independent	*	Minus	***	T OL 4114	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM			+135=		OR	+270=	
							1	TOTAL ADDIT. FEE		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)									I -···	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS			MN 2) HEST	(Column 3)) r		ADDI-		· · · · · · · · · · · · · · · · · · ·	ADDI-
		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=	 	X40=		OR	X80=	
L.	THING! PHESE	NTATION OF M	OLHPLE DEP	CINDEN	LOLAIN	<u>' </u>	J	+135=		OR	+270=	
						•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	
ľ	FIRST PRESE	IULTIPLE DEPENDEN		T CLAIM]	,\		OR			
+135=										OR	+270=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
•	The "Highest Nu	amber Previously	aid For" (Total o	r Indenen	dent) is th	ne highest numb	er fo	und in the an	propriate bo	x in co	olumn 1.	